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ABSTRACT

Teen pregnancies and teen sexually transmitted diseases cost society in terms of adding to the tax burden by supporting people who have dropped out of the tax base without a job or education in order to have a baby or repair their health. They also cost because of the loss of human potential of a young life interrupted and cut short with greater responsibilities than they can bear, in addition to perpetuation of the same cycle within a family. Incorporating social learning theory and attribution theory into sex education curricula in schools, churches, and community centers could reduce the rate of teen pregnancies and teen sexually transmitted diseases in the United States. Attribution theory identifies causes that individuals typically select for success and failure outcomes and the conceptual links between those outcomes and subsequent behavior. Social learning theory's major importance is the ability of individuals to abstract information from the behaviors of others, make decisions about which behaviors to adopt, and later enact the selected behaviors. This document presents intervention techniques and attribution retraining research that will be a model for future sex education curricula. (Author)

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A Discussion of Sex Education in the United States Incorporating Attribution and Social Learning Theory

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Abstract

Teen pregnancies and teen sexually transmitted diseases cost society in terms of adding to the tax burden by supporting people who have dropped out of the tax base without a job or education in order to have a baby or repair their health. They also cost because of the loss of human potential of a young life interrupted and cut short with greater responsibilities than they can bear, in addition, to the perpetuation of the same cycle within a family.

Incorporating social learning theory and attribution theory into sex education curricula in schools, churches and community centers could reduce the rate of teenage pregnancies and teens' sexually transmitted diseases in the U. S. Attribution theory identifies causes that individuals typically select for success and failure outcomes and the conceptual links between those outcomes and subsequent behavior. Social learning theory's major importance is the ability of individuals to abstract information from the behavior of others, make decisions about which behaviors to adopt and later enact the selected behaviors. I will present intervention techniques and attribution retraining research that will be a model for future sex education curricula.

Introduction

There are few choices made during the teenage years that are as crucial to a teen's future as the decision whether or not to become sexually active. Not only is there the obvious possibility of pregnancy, there are also considerations of sexually transmitted diseases and emotional ties felt by one partner not reciprocated by the other. Teen pregnancies and teen sexually transmitted diseases cost society in terms of adding to the tax burden by supporting people who have dropped out of the tax base without a job or an education cost short in order to have a baby or repair their health.

These are serious issues that may not be really considered in a critical, comprehensive manner by a teen without adult guidance. So many times the onset of sexual activity is not even a conscious decision. It is as if the unconscious years of childhood extend on into puberty. Sometimes parents and other adult role models are ignorant or reticent to talk about sexual matters and do not provide or allow teens an opportunity to address the physical and emotional changes that affect their sexuality. Too many teens are entering this time of pre-adulthood not willing or able to make responsible choices about their sexuality.

Review of Literature and Discussion

The possible implications of the lack of adequate family discussions about sexuality and the lack of what is referred to as "family life" education in our communities are many: increasing rates of teen sexual activity, high levels of teenage pregnancy, a continuing epidemic of venereal diseases, and all the many social, economic and personal costs associated with ignorance surrounding sexual matters.

The statistics are grim: two-third of all U.S. females have sexual intercourse by age nineteen, almost all of it premarital (Bignall, 1982); (National School Public Relation Association, 1969). Twenty percent of all teens under fifteen years of age have had sexual intercourse (ibid.). Research continually points out that adolescents are sexually active long before they get adequate information about sex, diseases, and the birth conception process (Theriot & Bruce, 1988).

A recent article written for Curriculum Review by former Secretary of Education William J. Bennett cited these statistics: more than one-half of America's young people have had sexual intercourse by the time they are 17; more than one million teenage girls in the United States become pregnant each year. Of those who give birth nearly half are not yet 18; teen pregnancy rates are at or near an all time high. A 24 percent decline in birth rates between 1970 and 1984 is due to a doubling of the

abortion rate during that period, with more than 400,000 teenage girls now having abortions each year; unwed teenage births rose 200 percent between 1960 and 1980; 40 percent of today's 14 year old girls will become pregnant by the time they are 19. (Bennett, 1988).

A 1985 comparative study report of adolescents' pregnancies in developed countries conducted under the auspices of the Alan Guttmacher Institute showed that the U. S. had the highest rate of adolescent pregnancies of all developed countries (Newcomer & Roese, 1987). Criteria reported in this study contend that urban teens who meet the following criteria are at an 8.3 times higher risk for pregnancy: low socioeconomic status; slum neighborhood; single parent family; five or more children per family; mother became pregnant as a teenager; sibling became pregnant as a teenager; lax or authoritarian parental control of dating. Over the early life span, these high-risk teens have a 57% chance of pregnancy before 18 as compared to 9% for other teenagers (ibid.).

The sex education programs that are established in the U. S. have a theme that sex education is a responsibility optimally share by parents, churches, schools, and various government agencies (Hagenholl, 1987). Collaboration between school and home is important. Such collaboration is based on one central ingredient: parents must have

access to information and share in the decision-making process about what will be taught (ibid.) With a high degree of parental involvement, sex education can foster growth and self-exploration. Involved parents also show support schools by articulating the needs of teachers and the schools to others in the community (ibid.)

Another component to a successful sex education program is to involve other agencies and institutions in the community. There is evidence that a variety of organizations including churches, family planning health care centers and youth agencies can play a significant role in providing more comprehensive coverage of sexual issues than is possible in the public schools (Powell & Jorgensen, 1985). In recent years, many of these setting have developed sex education curricula that are considered exemplary in their coverage of sexual issues and teaching approaches. Nearly all programs stress decision-making, communication, feelings, values, reproductive anatomy, dating relationships, venereal disease, and contraception (ibid.)

Research has shown that programs that deal strictly with human reproduction and contraception are not effective deterrents to teenage pregnancy (Theriot & Bruce, 1988). Educational programs should: help teenagers develop personal responsibility for their intimate relationships; include approaches that take into account the increasingly early sexual

experiences of teenagers; consider the unmanned and sporadic nature of their sexual encounters; consider teenagers' ignorance about the risk of pregnancy; include both parent and teen components in the sex education program; and include a discussion of social forces (ibid.)

In addition to programs that educate, at least two researchers suggest that a critical factor in helping teens control their sexuality responsibly is to teach them how to identify their nonsexual needs and how they can influence sexual behavior (Hazcak & Garwood, 1988). Hazcak and Garwood state that sex can become a coping mechanism for nonsexual needs that influence and shape adolescent sexual behavior. The most common: confirmation of masculinity/femininity; affection; rebellion against authority, parents, or social norms; build self-esteem and feel important; acquire or avoid intimacy; revenge, or to hurt or degrade others; alleviate anger; ensure fidelity (keep girl/boyfriend); alleviate boredom; and express jealousy (ibid.). Hazcak & Garwood state that most adolescents lack the introspective skill to separate their sexual from nonsexual needs and satisfy them independently of sexual behavior. Thus, we must first help adolescents become aware of the various nonsexual motives can drive sexual behavior before they can develop ways to satisfy these needs independently of sex (ibid.)

Suggestions for the Future

It would be effective to incorporate Albert Bandura's Social Learning and Bernard Weiner's Attribution theories into existing education programs. There have been good and thoughtfully designed programs established in the United States but I have referenced only one journal article that has incorporated social learning theory into the program (n, 1987). I have not found any research that incorporates attribution theory into its design. For the rest of this paper I will discuss possible ways to incorporate these theories into existing designs.

Building upon the research cited earlier by Carol Hagenholl it is important for sex education to be a responsibility shared by parents churchs, schools, and various government agencies. For example, in the Memphis, Tennessee Schools there is a family life curriculum in place for ages K through 12 that is mandated by the state. I am aware of an education program being conducted which focuses on five area churches with the intent being to improve communication between the 7-10th graders and their parents. The content of the program includes communication skills, developing a positive concept of sexuality, education about the social and physical changes which accompany puberty, personal values clarification including ethics, morality and lifestyles and decision making skills among other topics. I would foresee

an attribution retraining component added to affect change.

Attributional retraining is one remediation technique that appears to be gaining considerable prominence as a technique for restoring perceived control and self-efficacy (Perry & Penner, 1990). Perceived control refers to a person's ability to predict and to influence the surrounding environment. Bernard Weiner and others have argued that attributional retraining can be used to modify causal attributions, which in turn can lead to an increase in perceived control.

First an analysis could be developed that identifies what are the attributional cues that signal success or failure in the teens' experience. As a start, this could be done by adding more to the Ådolescent Attitude Survey (Appendix 1). Ådditions like: 25. My friends would admire me if I had a baby now; 26. I can't think of any thing I'd like to be as much as I want to be a mother/father; 27. Making good grades in school is important for my future goals; 28. You are not really a man/woman until you have a baby; 29. I believe I cal the shots in my life.

I hypothesize it is likely that teens have a romantic sense of what having a baby is about and those populations who were cited earlier in this paper as at higher risk for pregnancy, will view pregnancy a a successful rite of womanhood. I hypothesize the males would view sexual activity resulting in conception as a rite of passage into male

adulthood. Therefore it is likely that these teens attribute success to pregnancies instead of failure. If that is so, there should be components of their family life curriculum that deal with teaching other measures of success that can be envisioned as attainable other than having a baby, or in the case of males being sexually active.

An attributional retraining video tape procedure could be developed as an intervention to promote choices other than pregnancy or sexual activity as a measure of success. Two twelve minute color videos --one each with a 17 year old male and another with a female adolescent describing their decision process to behave sexually responsibly. Depending on the population to view the tape, the actors would be Black, Caucasian, Hispanic or American Indian or Asian. The idea would be to have the actor be as similar in identity as possible to the audience. With much expression, the actor should recount the many stresses he/she had and are having during their teenage years. These stresses could include being in love, being lonely, strong peer pressure, feeling alienated from their parents and wanting to be close to someone. At each crisis, the actor should recount how he/she decided that it was not successful behavior to be sexually active or, at the least, be sexually active without the use of contraceptives.

The actor should emphasize that failure to be sexually responsible

is a choice due to lack of mental effort whereas abstinence or the use of contraceptives was a choice due to intelligence and proper mental effort. There should be a lot of emphasis on a continued, daily effort that needs to be made, to result in a successful outcome, i.e., no pregnancy and no sexually transmitted diseases.

The tape should build from a story being told about choices presented and made that end with the teen being proud of him/herself that now he/she was entering college or working at a job skill that would provide him/her with a reasonable income and feeling of productivity. The ending should be different depending on the audience composition. For instance, if the audience is likely to have a hard time just staying in high school, the ending should not be about winning an academic scholarship to college. Instead a more appropriate ending may be one in which the actor/actress is joining a branch of the armed services at 18 to better prepare him/herself for the future. The point of this tape is to present the audience verbal and visual attributions of success other than pregnancy or sexual activity and do it with the emphasis being to build identification with the audience.

This type of attributional retraining procedure was used by Raymond Perry and Kurt Penner as a method to reinstate psychological control that may be useful for improving student achievement in the

college classroom. (Perry & Penner, 1990). Using their research as a model of design, I believe this format could be utilized as one remediation procedure to be incorporated in sex education curricula.

The importance of at-risk teenagers being involved in "success" activities also cannot be overemphasized For a holistic approach to sex education, it is important for this age group to start attributing their life circumstances to something they can control. This will be difficult depending on the home life and environment of the individual, but any structure, albeit school, church, or community center that will provide athletics, dance contests, art exhibitions, spelling bees or any activity that will add to the opportunities for teens to feel like winners. The more they feel like they control aspects of their life the more likely they will be to view their sexuality responsibly.

Another consideration with attributional retraining designs is the locus of control orientation of the program group. There was an interesting journal article in Psychology in the Schools that found at-risk students to have significant external locus of control orientation. At-risk in this study was defined as poor academic preparation, lack of parental support, and several personality factors such as lowered self-concept, motivation and confidence (Payne & Payne, 1989). The age group of this study ranged from K-7th grade. The implications are that if a child's locus

of control orientation is external he/she is not as likely to accept responsibility for his/her sexuality and would view an outcome of pregnancy as luck, fate, or chance. It was found by Magnuson and Percy that external locus of control students performed better with an expressive instructor than with an unexpressive instructor if contingent feedback preceded the lecture (Percy & Penner, 1990). Again, these studies were designed to measure achievement but I believe with some modification to the design, this element could be incorporated into the program.

Referring to Bandura's social learning theory, the observation of a variety of models (family models, films, television) and the reinforcement delivered to peers and others are all important influences on learning. Another aspect of teen pregnancy is the importance of teens understanding the responsibility that pregnancy brings with it. Using the Memphis Parent Teen Communication as framework, I would add a session at the end of the eight weeks that would involve a "rap" session between the program teens and their parents with other teens who have made the decision whether or not be sexually active. I would see this group of people ranging from pregnant girls, to young (under 17) mothers with the babies and father of the child, if available, to teens who had decided to abstain from sex or at least consistently practice birth control.

The objective of this session would be to allow the program teens to observe models who had made a variety of choices that they also could make. With regards to the pregnant girls and young teen parents with babies, the intent is for teens in the process of making decision about their sexuality to have authentic role models in all stages of the decision process so the program teens will have a complete view of the choices they are making.

It would be most effective if it could be structured, where all of these same people met back together about once a month for six months to a year, to keep current with their sexuality choices. Those teens who were behaving responsibly would serve as role models for other teens and positively reinforce constructive sexual behavior.

Conclusion

In our culture sex and sexual activity is viewed usually by our families as something that should be private and seldom discussed. At the same time our culture's external messages on television, advertising,romance novels and magazines consistently promote sex as a desirable and necessary part of a happy, successful life. I believe our teens require that adults accept the fact that at the onset of puberty our

teenagers will be faced daily with decisions whether or not to become sexually active. The pressure from the media, some of their peers, from their own hormonal changes, will be strong--probably in favor of sexual activity. We should not leave this aspect of their life up to the hopes and expectations that they will automatically abstain "until they're married". We must set the tone and direction of how sexual activity with its attendant responsibilities should be viewed. As a value to be imparted, I believe that sex should be viewed as a private sacred act between two people. At the same time I believe our teens and society will benefit from frank dialogues about the complexities of sexual choices. I believe that we will all benefit most if this continuing dialogue takes place not only in our families, but in our schools, churchs, and community centers. Our individual teens and babies are paying too high a price in terms of health and educational goal not met and income never realized because of not being able to compete for good paying jobs. Our society is paying too high a quantitative price by carrying the tax burden of people who have dropped out without a job or education to have a baby. Less easily measured is the price we pay because of the loss of human potential by a life cut short with greater responsibilities than they can bear.

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Appendix

Adolescent Attitude Survey

Each of the following statements is an opinion about growing up and getting along with family members. Please read each statement carefully, then decide if you agree or disagree. Circle <u>one</u> of these letters to show how you feel about the statement:

SA - I <u>Strongly Agree</u> with this statement.

A - I <u>Agree</u> with this statement.

D - I <u>Disagree</u> with this statement.

SD - I <u>Strongly Disagree</u> with this statement.

Please be sure to circle <u>only</u> one letter or pair of letters for each statement.

		STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
1. When solving a problem it is better to think of several possible solutions rather than just one solution.	(1)	SA 4.	A 3.	D 2.	SD 1.
2. I get the best advice about decisions from my friends.	(2)	SA 4.	A 3.	D 2.	SD 1.
3. I feel better when someone else makes my decisions for me.	(3)	SA 4.	A 3.	D 2.	SD 1.
4. When I think my friends are doing something harmful, I should tell them so.	(4)	SA 4.	A 3.	D 2.	SD 1.
5. I think that I should select my own friends.	(5)	SA 4.	A 3.	D 2.	SD 1.
6. My parents should let me choose whether to spend my time with my friends or my family.	(6)	SA 4.	A 3.	D 2.	SD 1.
7. I am able to say no to friends who try to tell me to do things I don't want to do.	(7)	SA 4.	A 3.	D 2.	SD 1.
8. There are times when parents should treat sons and daughters differently.	(8)	SA 4.	A 3.	D 2.	SD 1.
9. Males and females should not have to act in a certain way just because they are male or female.	(9)	SA 4.	A 3.	D 2.	SD 1.
10. It is more important for males to do well in school than it is for females to do well in school.	(10)	SA 4.	A 3.	D 2.	SD 1.

			STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
11.	I should know about the changes in my body that will happen as I become a teenager before those changes occur.	(11)	SA 4.	A 3.	D 2.	SD 1.
12.	Being the youngest child in a family has few advantages.	(12)	SA 4.	A 3.	D 2.	SD 1.
13.	I think that my parents are having a hard time realizing that I am getting older and can handle more responsibilites and freedoms.	(13)	SA 4.	A 3.	D 2.	SD 1.
14.	My parents understand me better now than they ever have before.	(14)	SA 4.	A 3.	D 2.	SD 1.
15.	My parents find it hard to give me new freedoms and responsibilities as I get older.	(15)	SA 4.	A 3.	D 2.	SD 1.
16.	I think my parents should listen to me more.	(16)	SA 4.	A 3.	D 2.	SD 1.
17.	If my parents don't know the answers to my questions about sex, then they find the answer.	(17)	SA 4.	A 3.	D 2.	SD 1.
18.	Mothers should be responsible for a daughter's sex education and fathers should be responsible for a son's sex education.	(18)	SA 4.	A 3.	D 2.	SD 1.
19.	It is more important for young girls to know about having babies than it is for boys to have this information.	(19)	SA 4.	A 3.	D 2.	SD 1.
20.	I think schools should provide sex education for youth.	(20)	SA 4.	A 3.	D 2.	SD 1.
21.	My parents find it hard to talk to me about sex.	(21)	SA 4.	A 3.	D 2.	SD 1.
22.	It is important for youth to have correct information about the changes of puberty in both males and females.	(22)	SA 4.	A 3.	D 2.	SD 1.
23.	My parents should only give me information about sex when I ask them questions.	(23)	SA 4.	A 3.	D 2.	SD 1.
24.	My parents have given me enough information about sex.	(24)	SA 4.	A 3.	D 2.	SD 1.

Give your birthdate in the spaces to the right. Be sure to fill out the spaces like this.

03/01/71
Month/Day/Year

(70-75) __ __/__ __/__ __
Month/ Day / Year

Give the last two digits of your telephone number. (76-77) __ __

DO NOT WRITE IN THIS SPACE (78-80) __ __ __